



09-17-03

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application Number	10/626,229
		Filing Date	July 24, 2003
		First Named Inventor	REUBI, Jean-Claude
		Group Art Unit	1642
		Examiner Name	Holleran, Anne L.
Total Number of Pages in This Submission	45	Attorney Docket Number	717816.23

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below); Sequence Listing; Diskette containing Sequence Listing; Statement Pursuant to 37 CFR 1.821(f); return postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	Remarks:	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Kevin M. Kercher, Reg. No. 33,408 Blackwell Sanders Peper Martin LLP
Signature	
Date	September 16, 2003

CERTIFICATE OF EXPRESS MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as Express Mail in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: September 16, 2003
Express Mail Label No.: EV320681726US

Typed or printed name	Beth Hookway		
Signature		Date	9-16-03

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**FEE TRANSMITTAL
for FY 2003**

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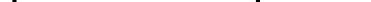
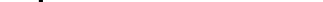
TOTAL AMOUNT OF PAYMENT (\$ 378.00) **Attorney Docket No.** 717816.23

METHOD OF PAYMENT (check one)					FEE CALCULATION (continued)																																																																																																																																																																																											
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number 11-0160</p> <p>Deposit Account Name BLACKWELL SANDERS PEPPER MARTIN LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR §§ 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>2. <input type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other Order</p>					<p>3. ADDITIONAL FEES</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> <th>Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>410</td><td>216</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>930</td><td>217</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>118</td><td>1,450</td><td>218</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,970</td><td>228</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>320</td><td>219</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>320</td><td>220</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>280</td><td>221</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>Petition to revive - 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<p>** or number previously paid, if greater. For Reissues, see above</p> <p>Total Claims 36 -22** = 14 Extra Claims x 9 = 126 Fee from below</p> <p>Independent Claims 9 -3** = 6 x 42 = 252 Fee Paid</p> <p>Multiple Dependent</p> <p>** or number previously paid, if greater. For Reissues, see below</p> <p>Large Entity Small Entity</p> <table border="1"> <thead> <tr> <th>Large Entity Fee Code (\$)</th> <th>Entity Fee Code (\$)</th> <th>Small Entity Fee Code (\$)</th> <th>Fee Description</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td></tr> <tr><td>102</td><td>84</td><td>202</td><td>42</td><td>Independent claims in excess of 3</td></tr> <tr><td>104</td><td>280</td><td>204</td><td>140</td><td>Multiple dependent claim, if not paid</td></tr> <tr><td>109</td><td>84</td><td>209</td><td>42</td><td>** Reissue independent claims over original patent</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td></tr> </tbody> </table> <p>SUBTOTAL 2 (\$)</p>					Large Entity Fee Code (\$)	Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	103	18	203	9	Claims in excess of 20	102	84	202	42	Independent claims in excess of 3	104	280	204	140	Multiple dependent claim, if not paid	109	84	209	42	** Reissue independent claims over original patent	110	18	210	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																																															
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******or number previously paid, if greater; For Reissues, see above

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Kevin M. Kercher	Registration No. (Attorney/Agent)	33,408	Telephone	(314) 345-6000
Signature			Date		

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of

Jean-Claude REUBI

Examiner: HOLLERAN, Anne L.

Serial No.: 10/626,229

Group Art Unit: 1642

Filed: July 24, 2003

Attorney Docket No.: 717816.23

For: USE OF LABELLED CCK-B
RECEPTOR LIGANDS FOR THE
DETECTION AND LOCALIZATION:
OF MALIGNANT HUMAN
TUMOURS

Customer No.: 27128

PRELIMINARY AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

INTRODUCTION

Prior to examination, it is respectfully requested that the application be amended as follows:

Amendment to the Specification begin on page 2 of this paper.

Amendment to the Claims are reflected in the listing of claims which begins on page 11 of this paper.

Remarks begin on page 26 of this paper.

09/22/2003 MBLANCO 00000017 110160 10626229

01 FC:2202 126.00 DA
02 FC:2201 252.00 DA